

## Steven Sepe

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**From:** Barber De Brito, Ana sofia <ABarberdebrito@wihri.org>  
**Sent:** Tuesday, March 12, 2024 11:29 AM  
**To:** House Health and Human Services Committee  
**Subject:** Re: S2379 House Hearing

Good morning Steven,

I apologize as I try to navigate how to do this! The house bill number that I have is H7882. I have revised my statement:

**Re: Support for H7882**

Dear State Representative Katherine S. Kazarian,

My Name is Ana Sofia Barber De Brito and I am certified nurse midwife from East Providence, RI 02914 and I am writing in support of House Bill 7882, which updates the "Lactation Consultant Practice Act of 2014" to recognize the CLC and ALC certifications as professional lactation support roles eligible for licensure. The current language of the law recognizes lactation support in a clinical setting, but without naming CLC and ALC certifications as included credentials, we miss a significant portion of Rhode Island's growing community of lactation support professionals. The Certified Lactation Counselor (CLC) and Advanced Lactation Counselor (ALC) certifications represent a pathway to lactation support for perinatal support professionals who are not healthcare providers and/or without nursing backgrounds. The CLC & ALC track is a common track for doulas, WIC peer counselors, community health workers, and others who wish to provide professional lactation support but who do not have a medical or clinical background. In contrast to the IBCLC certification pathway which requires a nursing or medical background, the majority of CLCs and ALCs practice outside of clinical settings, such as in perinatal health, education, and resource centers, and in client homes.

Recognizing CLC and ALC as a pathway to professional lactation support will broaden and diversify the pool of available lactation support professionals, and the settings in which families can access this essential support. This has the potential to help address some of our state's disparities of access to quality lactation support.

Lack of adequate support is one of the leading causes for bodyfeeding families to stop before the recommended duration. According to the CDC: "Among infants born in 2019, most (83.2%) (in RI: 82.4%) started out receiving some breast milk, and 78.6% were receiving any breast milk at 1 month. At 6 months, 55.8% (in RI: 54.6%) of infants received any breast milk and 24.9% (in RI: 22.9%) received breast milk exclusively. Families can face many challenges when it comes to breastfeeding. Yet data show that most infants start out breastfeeding, and many are still receiving some breast milk at 6 months. Even some breast milk is beneficial to infants. However, many families do not breastfeed for as long as they intend to and breastfeeding disparities by race and ethnicity persist. The steady decline in any and exclusive breastfeeding from month-to-month indicates that **breastfeeding families may need stronger systems of support** to reach their breastfeeding goals.

As a midwife working in our biggest hospital system, I see many Black and Brown patients choose not to bodyfeed/breastfeed due to lack of familial support/education and inability to access IBCLCs outside of the hospital system or afford them in the community. Many of our Latine patients also don't have access to Spanish speaking lactation support and by adding CLC and ALC as a pathway many Spanish speaking doulas in our state can begin to provide this service. It is imperative that we diversify the workforce for equity so that all bodyfeeding folks can access lactation support and feed their babies.

Sincerely,

**Ana Sofia Barber De Brito (She, Her, Hers)**

Certified Nurse Midwife

Teacher Associate Brown University

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